

# KANNAPOLIS



## Water & Sewer Payment Automatic Bank Draft Form

Remit to the City of Kannapolis Finance Department, Attn: Accounting Manager  
PO Box 1199, Kannapolis, NC 28082-1199

or

Include this form with your billing statement

\*Please Print\*

### Account Information

Customer Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
(If you have a joint account please include both names)

Service Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Water/Sewer Account Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

This authority is to remain in full force and effect until CTIY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. I (either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance Of the account statement or 45 days after posting, whichever occurs first.

### Bank Information

\*Attach a Voided Check\*

Banking Institution Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Acct. #: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If you have a joint account please include both names)

### OFFICE USE ONLY

Cycle #: \_\_\_\_\_

Received by & Date: \_\_\_\_\_

Entered by & Date: \_\_\_\_\_